

**CARROLLTON PARKS, RECREATION, AND CULTURAL ARTS DEPARTMENT
ADULT RELEASE FORM (FOR 18 YEARS AND OLDER)
(Rec 26)**

NAME: _____ MALE: _____ FEMALE _____

ADDRESS: _____ CITY _____ STATE ____ ZIP _____

I LIVE WITHIN THE CITY LIMITS OF CARROLLTON **YES** _____ **NO** _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

I AM PARTICIPATING IN: _____

IN CASE OF EMERGENCY NOTIFY: _____ PHONE _____

RELEASE: There is, by participation in recreation activities a risk of injury, and by signing this waiver release form you are hereby acknowledging this risk. You are waiving your right to take legal action against the City of Carrollton, the C.P.R.C.A.D., or any of the employees or volunteers working with our organization for liability should you or your child incur an injury.

CONSENT OF TREATMENT: I authorize such physician or medical staff as the Carrollton Parks, Recreation, and Cultural Arts Department may designate to carry out any minor medical or surgical treatment and/or medication necessary, or to take me to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for my well being. The physicians, organizers, officers, directors, agents, or employees of the Carrollton Parks, Recreation, and Cultural Arts Department and/or City of Carrollton are hereby release, acquitted, and discharged from any claim for damage or suit by reason including transportation to or from the event/or any program, and in that regard, I hereby covenant that on my behalf not to file a claim or suit with respect to any such injury or damage against the above individuals and fully understand the provisions of the above releases. I hereby agree that I will be bound thereby.

I DO NOT WANT INSURANCE _____

The Carrollton Parks, Recreation, and Cultural Arts Department offers personal accident insurance to you as a participant for a premium fee of \$17.00 per year. The insurance is in effect from April 1 of each year and continues until April 1 of the following year and covers an individual while participating in department sponsored activities. You may request an information flyer to review the coverage at our recreation office at 118 South White Street. If you wish to purchase the insurance please do so when you return this form to the recreation office.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

The Carrollton Parks, Recreation, and Cultural Arts Department does not discriminate on the basis of handicapped status or access to, or treatment, or employment in, its programs or activities.

IS HANDICAP ACCESS NEEDED? YES No
